

## Declaration and Power of Attorney For Patent Application

### English Language Declaration

As a below named inventor, I hereby declare that:

*My residence, post office address and citizenship are as stated below next to my name;*

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

#### CLOSURE WITH SELECTIVELY OPERABLE DISPENSE FEATURE

the specification of which (check one)

☒ is attached hereto ☐ was filed on \_\_\_\_\_  
as United States Application Serial Number \_\_\_\_\_  
or PCT International Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 or § 365(b)) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority

Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

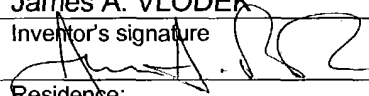
<u>60/244,934</u> (Application Number)	<u>1 November 2000</u> (Filing Date)
_____ (Application Number)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>10/003,158</u>	<u>31 October 2001</u>	<u>Pending</u>
(Application Number)	(Filing Date)	(Status)
 (Application Serial No.)	 (Filing Date)	 (Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and request that all correspondence and telephone calls in respect to this application be directed to Perry J. Hoffman at MICHAEL BEST & FRIEDRICH LLC, 401 North Michigan Avenue, Chicago, Illinois 60611, Telephone No. 312.222.0800, Facsimile No. 312.222.0818, Customer No. 1131.

Full name of sole or first inventor <b>James A. VLODEK</b>	<b>6-20-03</b>
Inventor's signature 	Date
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Citizenship <b>U.S.</b>	
Post Office Address <b>Same</b>	

Full name of second joint inventor, if any	
Inventor's signature	Date
Residence:	
Citizenship	
Post Office Address	

(Supply similar information and signature for third and subsequent joint inventors.)

☐ Additional inventors are being named on separately numbered sheets attached hereto.